PRELIMINARY APPLICATION FOR HOUSING
MURRAYGATE VILLAGE

Please mail completed application to:
Murraygate Village • Management Office
7800 Belford Drive, Suite #100 Alexandria, Virginia 22306

INSTRUCTIONS

1. Please answer all questions. This form will be returned to you to complete if you do not answer all questions.
3. You must notify Murraygate Village *in writing* of any changes in your address or family status.
4. Applications are computerized by the Social Security Number of the Head of Household. Please be accurate.

EQUAL HOUSING OPPORTUNITY

FOR OFFICE USE ONLY

DATE OF APP. ____/____/____ E _____ H _____ D _____
DATE INPUT ____/____/____ INIT. _____
DATE ACK. ____/____/____ INIT. _____
BEDROOM SIZE_____ PREF POINTS _____
NOTICE SENT_____
INTERVIEWED BY _____
RESULTS _____

PLEASE PRINT INFORMATION FOR HEAD OF HOUSEHOLD

SOCIAL SECURITY NUMBER NAME, *FIRST* *M.I.* *LAST*				HOME PHONE ( )	WORK PHONE ( )
ADDRESS	CITY	APT.	STATE	ZIP CODE	

CHANGES OF ADDRESS: ***(FOR OFFICE USE ONLY)***

DATE	ADDRESS	CITY	STATE	ZIP CODE	INIT.

HOUSEHOLD COMPOSITION (Please list Head of Household first and then all persons who will live in the household.)

LAST NAME	FIRST NAME	M.I.	SOCIAL SECURITY NUMBER	RELATION TO HEAD	OCCUPATION	SEX	DATE OF BIRTH	PLACE OF BIRTH	FULL-TIME STUDENT
				HEAD					

WAITING LIST PREFERENCE: *The waiting lists are based on the date of your application and the number of preference points for which you qualify. See enclosed fact sheet.*

PLEASE CHECK "YES" OR "NO" TO THE FOLLOWING:

LIVE OR WORK IN FAIRFAX COUNTY = 2 points
This means that the head of household or spouse lives in or is currently employed in or has been offered a job in Fairfax County. ☐ YES ☐ NO

THIS INFORMATION IS FOR STATISTICAL PURPOSES ONLY. Please check the group to which you belong.

☐ **White** ☐ **American Indian/Native Alaskan**
☐ **Black** ☐ **Asian/Pacific Islander**

Check one: ☐ **Hispanic** ☐ **Non-Hispanic**

Is this Head of Household or spouse 62 years or older? ☐ YES ☐ NO
Is this Head of Household disabled or handicapped? ☐ YES ☐ NO
Does anyone in your household require modifications to be made to your housing unit? ☐ YES ☐ NO
If yes, what type of modification is necessary? _____

Fairfax County is committed to a policy of nondiscrimination in all County programs, services and activities and will provide reasonable accommodations upon request. Please call 703.246.5101 or TTY 703.385.3578. Please allow seven working days in advance of the event in order to make arrangements.

INCOME: *Please indicate full or parttime wages* for *yourself* and *for each person* 18 years or older who lives with you.
WAGES: Including tips, overtime or regular, bonus or commissions before taxes.

NAME	NAME AND ADDRESS OF EMPLOYER	RATE PER HOUR	HOURS PER WEEK	WEEKLY GROSS	BI WEEKLY GROSS	ANNUAL GROSS
		TOTAL				

PLEASE LIST OTHER INCOME RECEIVED BY ANY MEMBER OF THE HOUSEHOLD 18 YEARS OR OLDER. This includes: Social Services (Welfare), Supplemental Security Income (SSI), Social Security, V.A., Retirement, Unemployment Compensation, and other income such as Worker's Compensation, Child Support, or Alimony.

NAME OF PERSON RECEIVING INCOME	SOURCE OF INCOME	AMOUNT	WEEK	MONTH	ANNUAL
	TOTAL				

ASSETS: (Please indicate assets held by Head of Household or any household members.)

NAME	SOURCE OF ASSETS	ACCOUNT NO.	AMOUNT
	Checking Account		
	Savings Accounts		
	Stocks/Bonds, Etc.		
	Real Property		
	Money Markets, CD's, Etc.		
	Other		
		TOTAL	
		OFFICE USE ONLY TOTAL GROSS INCOME	

****** IMPORTANT ******

All changes in information contained on this application must be reported in writing.

If you have any questions, please call Murraygate Village • (703) 780-9574

Does anyone in the household work for Fairfax County Government or Fairfax County Schools? ☐ YES ☐ NO
How much is your monthly rent? $ _____ Utilities, if any? $ _____
Have you ever lived in a unit subsidized by a federal housing program? ☐ YES ☐ NO
If so, where? _____
Have you ever been housed by a housing authority? ☐ YES ☐ NO
If so, which one? _____

Information furnished to the Fairfax County Department of Housing and Community Development and Redevelopment and Housing Authority will be maintained and disseminated in accordance with the Virginia Freedom of Information Act, Code of Virginia, Sections 2.1-340 through 346.1, as amended, and the Privacy Protection Act of 1976, Code of Virginia Sections, 2.1-377 through 386, as amended.

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND THAT INQUIRIES MAY BE MADE TO VERIFY THE STATEMENTS MADE HEREIN. ANY INTENTIONAL OR WILLFUL MISREPRESENTATION OF THE FACTS INCLUDED ON THIS APPLICATION MAY RESULT IN DENIAL OF HOUSING.

SIGNATURE OF HEAD OF HOUSEHOLD DATE

OFFICE USE ONLY

MODIFICATIONS	DATE	DATE	DATE
ADDRESS			
FAMILY COMPOSITION			
PREFERENCE POINTS			
INCOME SOURCE			